Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380227801

Issued 12/15/00
Expires 06/12/01
Revenue Code 3157

Establishment

DAVID H HALL
T9N R5E SEC 2 QTR NE
RIDGE PARK-1ST ADDN BLK 1 LOT 4
7150 RED BIRD LN

FEES: $200.00

Permitee

DAVID H HALL
7150 RED BIRD LN
LINCOLN NE 68532

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014160

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 00380 2278

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 7150 RedBird lane (no rural route) City Lincoln NE, Zip 68532

Legal Description NE (1/4) NE (1/4) 2 (Section) 9N (Township) 5E (Range) RidgePark (Subdivision) 1st (Addition) 1 (Block) 4 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name David Hall Signature David J. H. Hall

Address 7150 RedBird lane City/State/Zip Lincoln NE 68532

☐ Check if owner designed system Home Phone 477-8642 Work Phone 483-2551

C. Contractor

Name Larry Schwark Company Name _____

Address 8200 old Cheney Rd City/State/Zip Lincoln NE 68516

☒ Check if contractor designed system Work Phone 489-7294

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Larryschwark Firm _____ Work Phone 489-7294

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process

☑ Municipal Code 24.38 ☐ County Resolution No. 2832 PERMIT NOT REVIEWED PRIOR TO INSTILLATION.

1. **Health Department** Date rec'd 12-15-00 Date frwd 1/2/01 ACTION ☑ Approved ☐ Disapproved Signature John S Marien
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature N/A
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature N/A

Installation Final Written Approval

By Gerald C. Hood R.E.H.S.

Date JANUARY 2, 2001

Business Office Use Only

Date Rec'd 12/15/00
Amt Paid 200.00
Rec'd By ls ~~Cash~~/Check No. 2806

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) 7150 Red Bird Lane.

Address Ridge Park 1st Add Blk # Lot # City Lincoln NE, Zip Ne
(no rural route)

Owner Dave Hall / Hub Hall RE Addresss 2300 So 48th Suite 2 68506

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 6/21/99 to 6/22/99 Weather: Precipitation Overcast Temperature 70°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	6-21	2:00	6-22	7:00	6-22	10:30	19 1/2	6-22	11:00	30	1	30
2								13 1/8				1/2	60
3								10 1/2				5/8	48
4								14 1/2				1/2	60
5								12				1/2	60
6								17 1/4				3/4	40
7								10 1/2				2	15
8								15				1	30

Sum of Percolation Rates: 343
Average of Rates: 42
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwaick
Phone: 489-7294
Address 8200 Old Cheney Rd
Lincoln, Ne 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks VARIABLE SOILS MUST USE 60 MIN/IN.

Signature of Reviewing Official _____ Date 12-15-00

FORM B2-101-10-95

Dave Hall

C

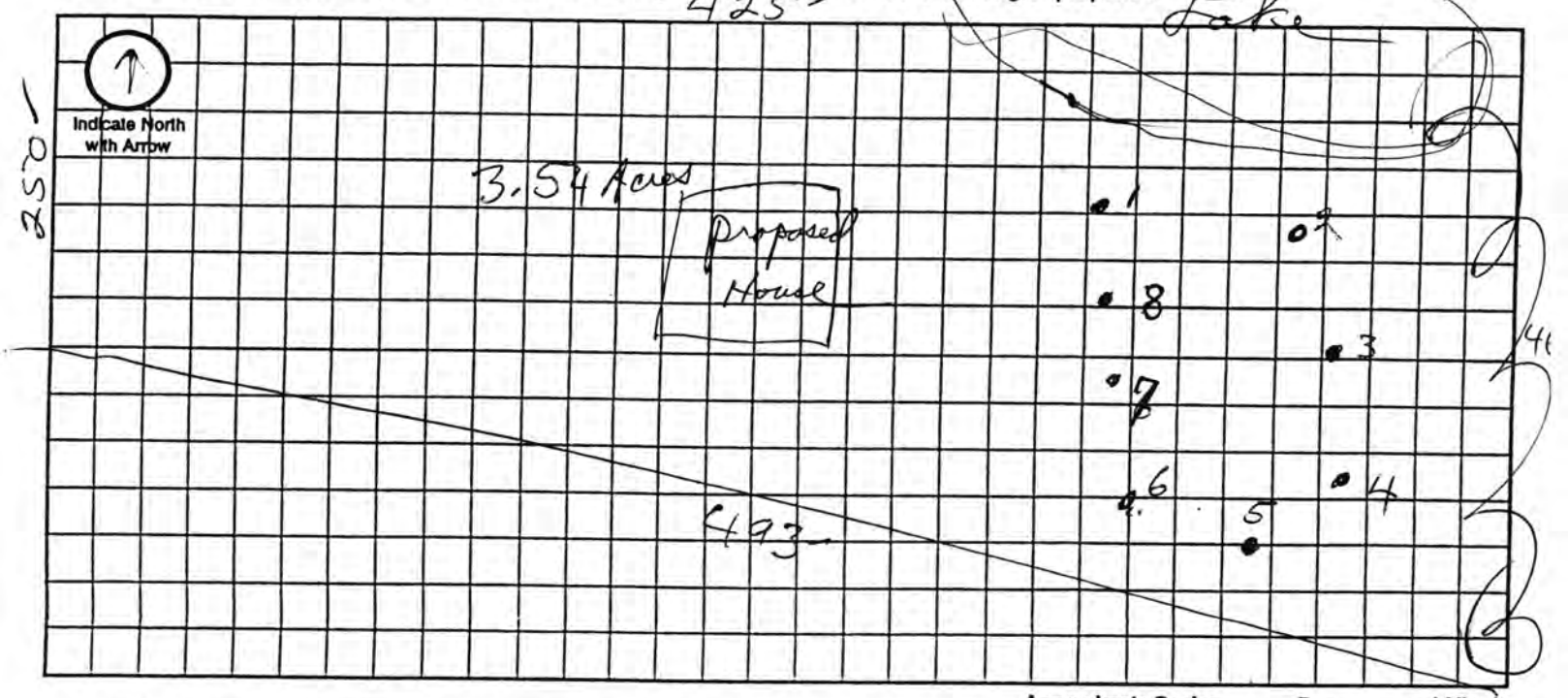
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

7150 Red Bird Lane
Blk 2 Lot 2 Ridge Park 1st Add.

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 7150 Red Bird Lane City Lincoln NE, Zip Ne

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

A Bed

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: 1 % %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: ~~248~~ 1750 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~496~~ 491 ft. Number of Trenches 4 Trench Width 4 ft

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

X Home Building Contractor McKee Construction Inc. Joseph C. McKee. Date _____

Installer Larry Schwarck Date 6-22-99

SEP 1 3 1999

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Lot 4 Blk 1
Ridge Park 1st Add

Sewage Disposal System

As Built Plans & Specifications

Date 9-9-99

System Location (Indicate correct number and street)

Address 7150 Red Bird Lane (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 6½' ~~in.~~
3. Distance between dwelling and septic tank: 72 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

3-Drop

1. Material: Plastic
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 23'+11'+11' ft.

D. Absorption Field

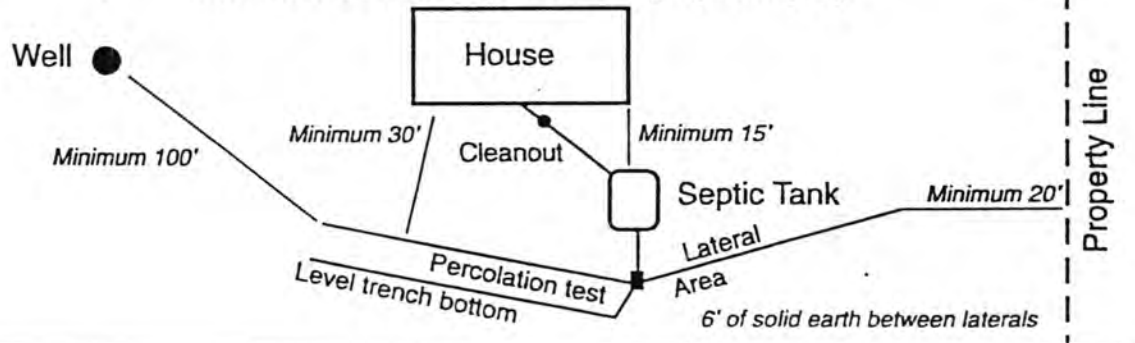
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   44' total ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 86 ft., 55 ft.
3. Trench dimensions: Width 4 ft.
   Slope 3' in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

Complete "As Built" drawing on back of this form.

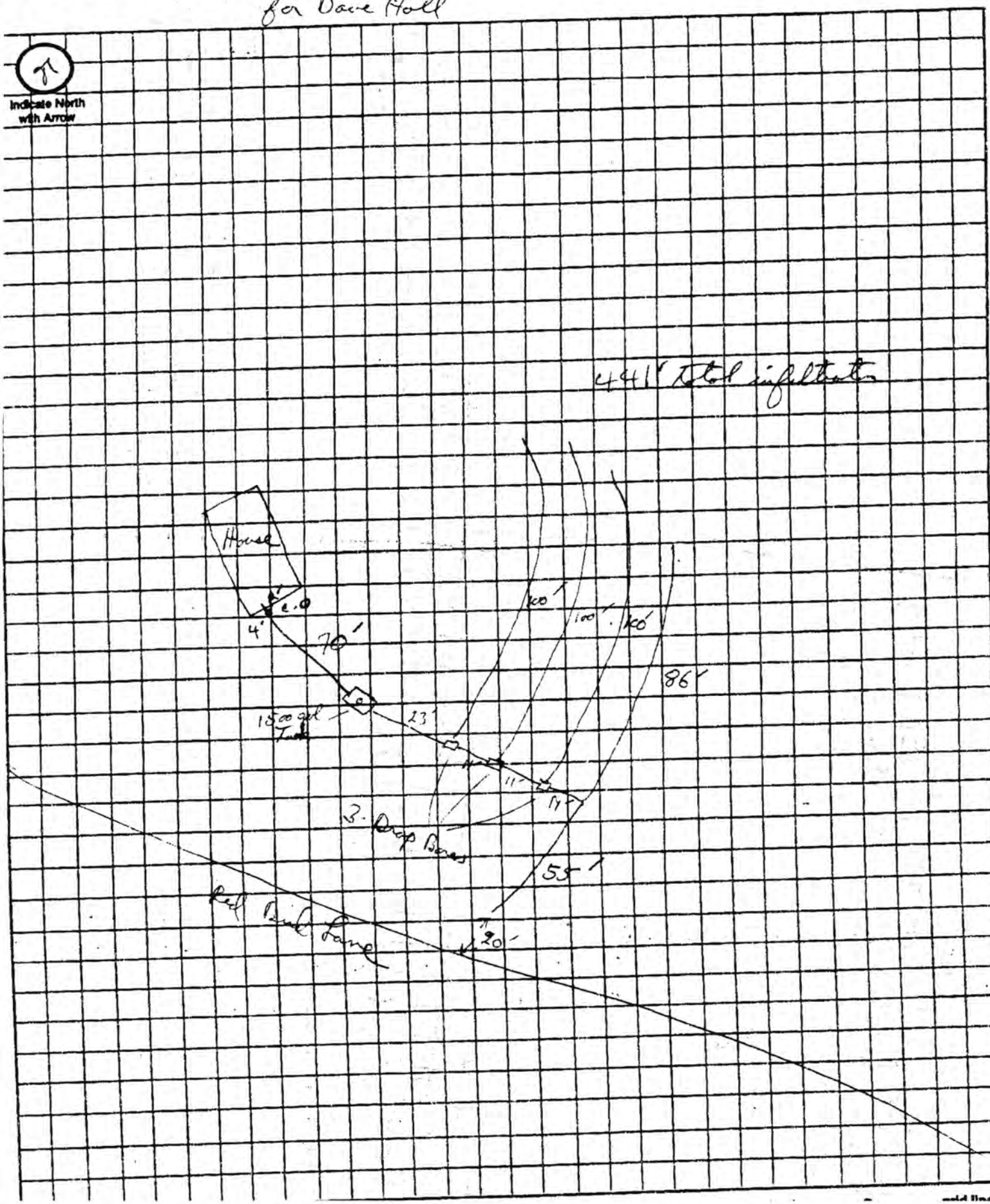
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schewerk 9-9-99
for Dave Hall



Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 99400084401

Issued 07/19/99
Expires 01/19/00
Revenue Code 3162

FEES: $75.00

TOTAL: $75.00

Establishment

DAVID H HALL
T9N R5E SEC 2 QTR NE
RIDGE PARK-1ST ADDN BLK 1 LOT 4
7150 RED BIRD LN

Permitee

DAVID H HALL
2320 S 47 ST
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

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010766

JUL 16 1999

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ● Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No. _____

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 7150 Red Bird Lane City Lincoln, NE Zip 68521
(No Rural Route Please)

Legal description of property:
Twp N; Range 5 E; Section NE ¼; Block 1; Lot 4; Addition Ridge Park 1st Add.

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner David H. Hall

Print Name David H. Hall
Current Address 2320 S. 47 Lincoln 68506

Current Home Phone 484-7564
Work Phone 450-2300

Signature of Contractor Joseph E. McKee, Pres.

Print Name McKee Construction, Inc.
Address 221 Gregory St.
Lincoln, NE 68521

Home Phone _____
Work Phone _____
Cellular Phone _____

Sewage Permit Applied for: ☐ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 7/16/99; Date forwarded 7/19/99 — ACTION ☒ Approved ☐ Disapproved; Signature: Jerrold C. Wood
2. Building & Safety — Date received 7/17/99; Date forwarded 7/19/99 — ACTION ☒ Approved ☐ Disapproved; Signature: [illegible]
3. City Engineer — Date received 7/19/99; Date forwarded ___/___/___ — ACTION ☒ Approved ☐ Disapproved; Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 11/21/00 By Jerrold Wood Depression by well
Date: 12/4/00 By DS
Date: ___/___/___ By _____
conversion made 12/7

Installation Final Written Approval
By: Doug Smith
Date: 12/6/00

Nitrate Level 0.3 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 07/16/99
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 17768

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

JUL 27 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9940008H4

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

Legal Description: Sec. 2 T. 9 R. 5 Block 1 Lot 4 Addition 7150 Red Bird Lane Ridge Park Addition

Owner David Hall Address 2300 S. 48th, Suite #2, Lincoln, NE 68506

LOG OF WELL	
Depth Ft to:	Description
0- 5	DARK BRN CLAY
5- 20	GRAY/BRN CLAY
20- 25	YEL CLAY
25-137	BLUE CLAY
137-142	FINE SAND
142-173	GRAY SHALE
173-188	FINE TO MED FINE TAN SS
188-200	GRAY SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 188'

Date Completed 7/21/99

Casing: Length, Ft. 173' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 15' Dia. In. 4"

Type PVC WOP & SLOT Slot Size .020

Drop Pipe: Length, Ft. 120' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 68', Pumping 70' EST

Yield: 20 gpm, Measured X. Est.

Chlorination Completed Yes X No

The above informatioin including "Log of Well" is a true record of the job performed by me.

Driller [signature] (Signed)

Address: P. O. BOX 308 HICKMAN, NE 68372

Date: 26 JULY 1999

Remarks NITRATE NITROGEN 0.3ppm. BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X